"Discussion of Data Elements Deemed Most Relevant to Current Applicants"

October 23, 2012



Objectives for today's meeting

- Welcome and Introductions
- Update on Transition of the Division of Health Care Finance & Policy to the Center for Health Information and Analysis
- Preliminary Data Release
 - Next Meeting of Data Release Committee
 - Applicants and Comments on Requested Data

Open Discussion



Update on the Transition of DHCFP to Center for Health Information and Analysis

- •Health Care Reform Law reforms and reorganizes the Division of Health Care Finance and Policy, into the Center for Health Information and Analysis. In 14 days the Division of Health Care Finance and Policy (DHCFP) will become the Center for Health Information and Analysis (CHIA)
- •The Center will be an independent state agency, governed by an executive director appointed by majority vote of the Governor, Attorney General, and State Auditor (similar to the Inspector General).
- •The Center will act as the designated health care data collection, dissemination, and analysis agency of the Commonwealth and will provide critical, independent analysis of the how the state's policies are affecting cost trends.
- •CHIA will have an Executive Director appointed for a five year term by a majority vote of the Governor, Auditor, and Attorney General
- •CHIA will be an independent state agency

Finance and Policy

- •All of the work being done on the APCD will transition to CHIA
- •All website content and documents will be updated with new name Health Care

Next Meeting of Data Release Committee

Next Meeting of Date Release Committee

Thursday, October 25, 2012

Location: 2 Boylston Street, 5th Floor

Time: 3:00 pm - 5:00 pm

New Applications Under Review (Comments Period Still Opened - Submit Online)

Massachusetts Department of Public Health, Bureau of Substance Abuse Services – Project: **Substance Abuse Treatment Needs and Service Gap Analysis**

National Bureau of Economic Research, University of Pennsylvania, Yale University – Project: **The Effects of Fragmentation in Health Care**

MassHealth, Executive Office of Health & Human Services, University of Massachusetts Medical School Project: Child Health Care Quality Measurement – Core Measure Set Testing



Preliminary Data Release

Top 15 Data Elements Requested in First 10 Research Applications Received as of (10/19/2012)

Ranking	NAME	Request Frequency	File Code (Request Frequency)	File Code (Variances)	Field Level	% Exp
1	CarrierSpecificUniqueMemberID	17	MC137 (5), ME107 (8), PC107 (4)	MC137 (1), ME107 (3), PC107 (3)	Α	100%
			MC001 (2), ME001 (4), PC001 (3),	MC001 (0), ME001 (0), PC001 (0),		
2	Payer	11	PV001 (2)	PV001 (0)	Α	100%
			MC079 (2), ME040 (3),	MC079 (4), ME040 (19),		
3	Product ID Number	10	PC056 (2), PR001 (3)	PC056 (6), PR001 (0)	Α	100%
4	Discharge date	8	MC069 (8)	MC069 (9)	В	98%
5	Member City Name	6	MC014 (3), ME015 (3)	MC014 (1), ME015 (3)	B, A	98%, 99%
6	Individual Relationship Code	6	MC011 (2), ME012 (4)	MC011 (1), ME012 (1)	B, A	98%, 97%
7	Admission date	6	MC018 (6)	MC018 (11)	Α	98%
8	Member PCP ID	5	ME046 (5)	ME046 (14)	В	98%
9	Plan Provider ID	5	PV002 (5)	PV002 (4)	Α	100%
10	Product Name	5	PR002(5)	PR002(1)	С	100%
11	Product Start Date	4	PR009(4)	PR009(6)	Α	100%
12	Date Prescription Filled	4	PC032 (4)	PC032 (0)	Α	100%
13	Member Zip (First 3 digits)	4	ME017(4)	ME017(3)	Α	99%
14	Date of Service - To	4	MC060 (4)	MC060 (2)	Α	98%
15	Insured Group or Policy Number	4	MC006 (2), ME006 (2)	MC006 (3), ME006 (2)	C, A	95%, 99%

Applicant Organizations















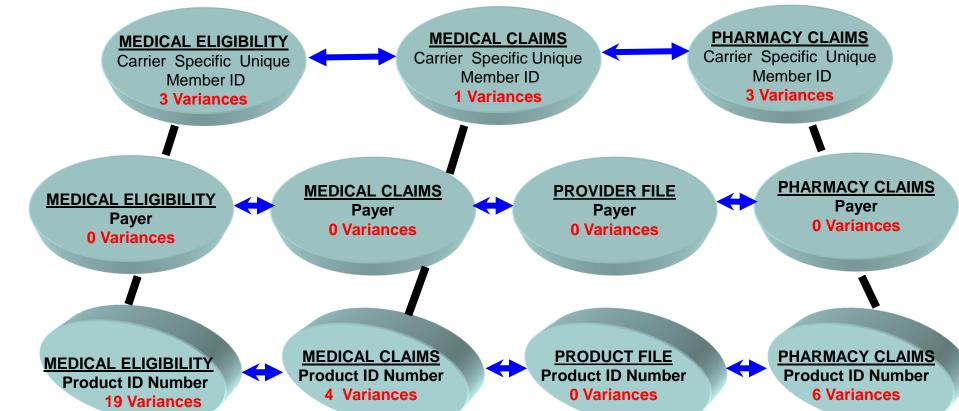
Preliminary Data Release

Top 5 Research Data Linkage Elements Requested (10/19/2012) and Carrier Variances

Variances in Linkage Variables Requested by Researchers could impact linkage

Ranking	TOP SELECTED LINKAGE VARIABLES
1	CarrierSpecificUniqueMemberID
2	Payer
3	Product ID Number
4	Member PCP ID
5	Plan Provider ID





Preliminary Data Release Rate External Cause of Injury Coding for Injury and Poisoning Diagnoses

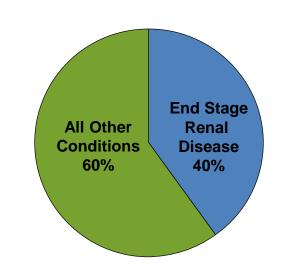
A Random Sample of 7,240,252 APCD Medical Claims Records were Assessed for Completeness of External Cause of Injury Coding



	Total Records	E-Coded	% E-Coded			
APCD Primary Diagnosis of Injury (Care in all Settings)	431,819	23,104	5.4%			
APCD Admitting Diagnosis of Injury (Inpatient Care)	86,754	6,569	7.6%			
APCD Non-Injury Primary Diagnosis (Care in all Settings)	6,665,739	21,972	0.3%			
APCD Non-Injury Admitting Diagnosis (Inpatient Care)	1,168,196	4,862	0.4%			
COMPARED TO INPATIENT CASEMIX DATA, APCD HAS A LOWER RATE OF E-CODING						
Casemix Inpatient Primary Injury Diagnosis	66,603	58,875	88.3%			
Casemix Non-Injury Primary Diagnosis	785,441	87,517	11.1%			

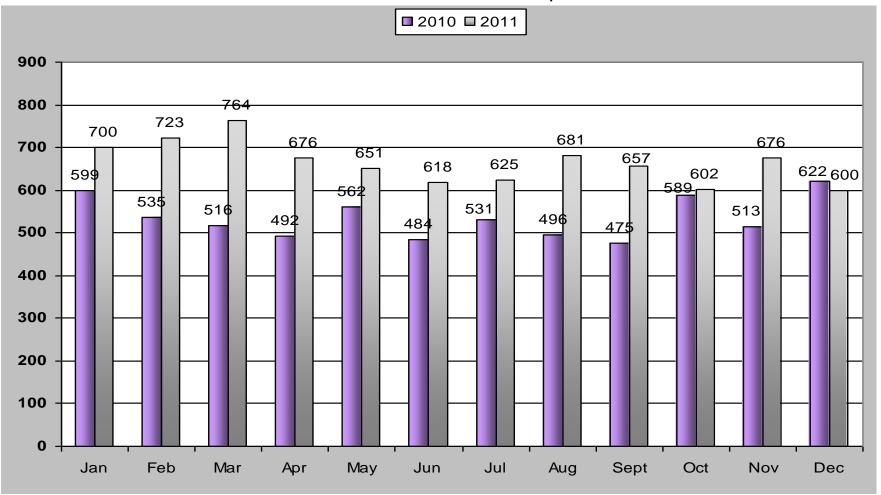
Key Findings on APCD E-Codes

- ➤ In comparison to hospital casemix data, APCD injury diagnoses have a lower rate of E-coding.
- ➤ APCD Inpatient injury diagnoses are E-Coded at a higher rate than APCD injury diagnoses in all care settings. Inpatient rate can be increased if E-Codes from hospital data are used to insurance carriers.
- ➤ APCD E-Coded data has the potential to provide new data on outpatient care quality. Our small random sample found that 40% of E-Coded APCD non-injury primary diagnoses those with End Stage Renal Disease with adverse effects from anti-coagulants



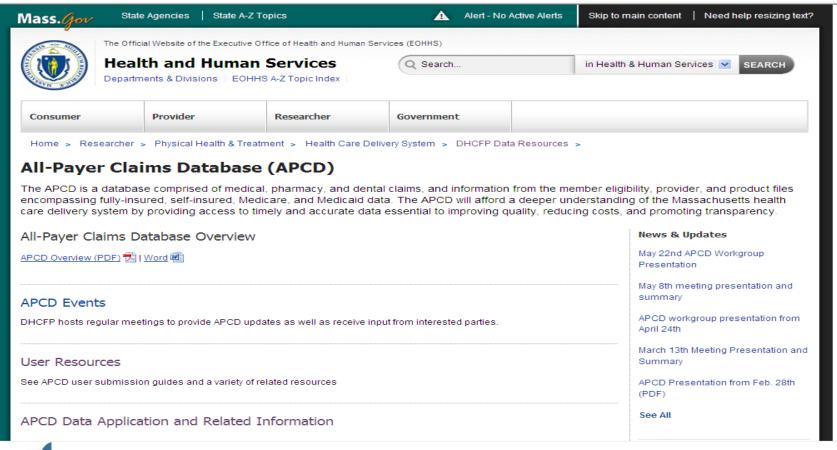
Preliminary Data Release Available of Data on Date of Death in APCD

From 2010 to 2011, carriers have increased the rate of providing data on date of member's death. No Providers have requested a variance on date of death



APCD Resources for Payers

Updated APCD Website - www.mass.gov/dhcfp/apcd





For more information:

Upcoming Schedule						
APCD Technical Assistance Group (TAG) Webinar 2 nd Tuesday of each month	Next meeting on November 13 th					
APCD Combined Workgroup 4th Tuesday of each month	Next meeting on November 27 th					

- Send questions and feedback to dhcfp.apcd@state.ma.us
- For more information, including important updates and events, please visit: www.mass.gov/dhcfp/apcd

